

EXHIBIT

f

2nd degree
Bulbous Pro.
K300 65
testified
L. H. W. 2nd
W. H. W.



2005-06-05



2005-06-05 3:17:05 PM

INJECTION SITE NUMBER

Legend Site Codes:

- 1. Lt. Upper Outer Quadrant Gluteus
- 2. Rt. Upper Outer Quadrant Gluteus
- 3. Lt. Deltoid
- 4. Rt. Deltoid
- 5. Lt. Anterior Thigh
- 6. Rt. Anterior Thigh
- 7. Lt. Deltoid Subcutaneous
- 8. Rt. Deltoid Subcutaneous

LEGEND

Reason for not Administering Medication Treatment
 O - Therapeutic leave
 W - Withheld and justify on back of sheet or IDN

R - Refused
 S - School

DATE	HOUR	INIT.	INJECTION	REASON	RESULT	INIT.
3/7/05	1250	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	AD
3/7/05	1400	87	Tylenol 650mg	Pain	Ⓟ Effect	W
3/7/05	1945	87	Tylenol 650mg	Pain	Ⓟ Effect	W
3/7/05	2000	87	Paxicet 2 Tabs	Pain	Ⓟ Effect	W
3-8-05	0735	87	Tylenol 650mg Tabs	Chlo pain	Ⓟ Effect	W
3-8-05	0800	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3/8/05	1455	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3/8/05	1915	87	Tylenol 650mg Tabs	Chlo pain	Ⓟ Effect	W
3/8/05	2000	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3-9-05	0830	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3-9-05	1430	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3-10-05	0130	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3/10/05	1500	87	Paxicet 2 Tabs	Chlo pain	Ⓟ Effect	W
3/10/05	1940	87	Tylenol 650mg Tabs	Chlo pain	Ⓟ Effect	W
3-13-05	0800	87	Tylenol 650mg Tabs	Chlo pain	Ⓟ Effect	W
3/14/05	1330	87	Tylenol 650mg Tabs	Chlo pain	Ⓟ Effect	W
3/15/05	1545	87	Tylenol 650mg Tabs	Chlo pain	Ⓟ Effect	W

INIT. SIGNATURE

INIT.

SIGNATURE

INIT.

SIGNATURE

INIT.

SIGNATURE

MEDICATION AND TREATMENT RECORD

MH-5764 (10/05)

Confidential Client/Patient Information
 See NY K.I. Code 5329

Page 2 of 2

STATE OF CALIFORNIA

REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:

PBSP

LOG NUMBER:

P-07-0075

DEPARTMENT OF CORRECTIONS
CATEGORY:

18. ADA

1/3

STAFF TO ASSIST
W/VARIOUS TASKSNOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES
In processing this request, it will be verified that the inmate/parolee has a disability which is covered
under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
BERNARD Anthony S	K-66652	N/A		B-1-214

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the Institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

SEVERE mental disorder mental handicapped
slow learner

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

my medical psych file psychiatric A.C. DOUGLA:
DR. LEVIN DR. RAZAVI

DESCRIBE THE PROBLEM:

I have a hard time with voices were hearing
sounds standing, work re hearing
studying

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

to have certain services started
to assist me with all thingsNOTE:
provide
frames
DISPO

ASSOCI

INMATE/PAROLEE'S SIGNATURE

DATE SIGNED

RECEIVED CDC 91 7007

CATEGORY

STATE OF CALIFORNIA

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**
 CDC 1824 (1/95)

DEPARTMENT OF CORRECTIONS

INSTITUTION/PAROLE REGION: PBSP	LOG NUMBER: P-07-00075	CATEGORY: 18. ADA / 13
---	----------------------------------	----------------------------------

STAFF TO ASSIST
W/VARIOUS TASKS**NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) BERNINGER Anthony S	CDC NUMBER K-66652	ASSIGNMENT N/A	HOURS/WATCH ---	HOUSING B-1-214
---	------------------------------	--------------------------	---------------------------	---------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/Institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED
DESCRIPTION OF DISABILITY:

**SEVERE mental disorder, mental handicapped
slow LEARNER**

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

**my medical psych file, PSYCHIATRIC AL. DOUGLAS
DR. LEVINE DR. RATERER EST**

DESCRIBE THE PROBLEM:

**I have a hard time with voices writing
should be standing. working hearing
studying**

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

**to have certain services started
to assist me with all things**

BERNINGER Anthony S
 INMATE/PAROLEE'S SIGNATURE

1-30-07
 DATE SIGNED

DEFERRED FEB 5 1 5003

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

DATE SIGNED

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: 1/19/07

DATE DUE: 2/9/07

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)☐ Auxiliary Aid or Device Requested☒ Other: Assistance Personnel for Researcher writing basic paperwork.☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS:

SEE FIRST LEVEL APPEAL SUPPLEMENT

1-24-07

DATE INMATE/PAROLEE WAS INTERVIEWED

PERSON WHO CONDUCTED INTERVIEW

SGT J Recker PSJ Program

DISPOSITION



GRANTED



DENIED



PARTIALLY GRANTED

BASIS OF DECISION:

SEE ATTACHED

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY (NAME)

TITLE

INSTITUTION/FACILITY

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

CATEGORY

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION SUPP	FACILITY/UNIT DMH	REASON FOR REPORT (circle) INJURY	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE 3/7/08
USE OF FORCE		UNUSUAL OCCURRENCE		
THIS SECTION FOR INMATE ONLY	NAME LAST Burtinger	FIRST Anthony	CDC NUMBER K66652	HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB
HOME ADDRESS		CITY	STATE	ZIP
		HOME PHONE		

PLACE OF OCCURRENCE Room A10	DATE/TIME OF OCCURRENCE 3/7/08	NAME OF WITNESS(ES)
TIME NOTIFIED 0615	TIME SEEN 0615	ESCORTED BY MTA Chavira & MTA Cell
MODE OF ARRIVAL (circle) AMBULATORY		LITTER ON SITE
WHEELCHAIR	AGE 39	RACE Caucasian
		SEX M

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

At about 0615 while passing meals for breakfast a cup of hot water accidentally spilled to pt CDC # K66652 while receiving the cup of hot water from the food port & spilled on his legs & foot.

INJURIES FOUND? YES / NO

Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19

O.C. SPRAY EXPOSURE? YES / NO

DECONTAMINATED? YES / NO

Self-decontamination instructions given? YES / NO

Refused decontamination? YES / NO

Q 15 min. checks

Staff issued exposure packet? YES / NO

RN NOTIFIED/TIME

0620 am

TIME/DISPOSITION

PHYSICIAN NOTIFIED/TIME

Page Dr. Helmer

0630 am, called

CDC nurse 0630

Get contact @ 0830 am

REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

Ferre Hope D. Magambor

BADGE #

2863209 FS

(Medical data is to be included in progress note or emergency care record filed in UHR)

State of California - Health and Human Services Agency

Department of Mental Health

YEAR 2005

PROB.
NO.

DATE TIME

ALL ENTRIES SHALL BE SIGNED WITH NAME AND TITLE

3/7/05	0615		On or about 0615 while passing meals for breakfast a cup of hot H ₂ O was accidentally spilled to pt. CDC # K66652 while he's receiving the cup of hot H ₂ O from the food par RN notified, first aid given on the treatment room. <u>M. Chwan MTA</u>
	0630		Place a can @ MD, no call back, called CTC nurse, spoke
	0630		EDN Delia & relay what happened to CDC # K66652, inform
			how pt is on cold compress on his @ lower leg & foot.
			Wounds appear appears Medicated on @ lower leg & blister on the foot & one
			on the dorsal area is open approximately 1x1.5m. No active
			bleeding. Cold compress continued on @ foot. Seen by Dr.
			Krows & examined pt. Complained of pain on the affected
			area. New orders & carried out. Tylenol 650mg given as start
			dose @ 0830. Pt stated from the scale of 0-10. The rate is 9. Enc
			to drink more fluids. Tolerated well. Triamcinolone cream clarified
			from Dr. Helmer @ 0915, informed again about the patient.
	1000		Will see patient tomorrow 3/8/05 in Medline. Made a follow-
			for pain meds. MD called back & orders & carried out.
			Vital signs checked & recorded BP 170/79 P75 T97.1 R20
			Triamcinolone cream 0.1% applied to @ foot & leg. Covered c
	1035		light dressing. Pt returned to cell & dressing in place. Will
			continue to monitor pt <u>Deering RN</u>

INTERDISCIPLINARY NOTES

MH 5624 (11/00)

Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

DHH-STPP

BERRINGER, ANTHONY S
STPP 111000177-6
03/12/05 MH
CDC K66652
12/15/04

Page No. _____

YEAR	DATE	TIME	PROB NO.	CONT.
2008	3/17/08	1100		Cont. for AM shift w/o: Pt is alert & oriented. Mr. Kravse & this writer talked to him, reminded him to take his foot while he is on bed. See 1000 of his lunch. Remind pt he had a new order of pain meds as well as a new tx order. Will monitor pt vitals x 24. Pivotal 2 tent given @ 1254 for pain @ the scale of 0-10 per patient. Vital signs taken by 110/44 P82 R 18 T 98.3. New tx started Silvadene cream applied to mistreated area after w/c compress & Triamcinolone cream. Covered w/ right dressing. Reddened area facing swelling subsiding. Drainage & signs of infection mtn. Will continue to monitor.
		1254		
		1315		
		1330		Dressing in place & intact. Talcum to MD earlier pt continue to express desire to be discharge prior to that if he can go to stage 2. Pt was convinced to stay or remain in the program & pt agreed.
3/17/08	1455		TC	Pt 90% pain, dressing falling off need to see doctor. Pt taken to the room dressing is intact, no sores. Soft wetting placed over bandage. Pt received pain Roxitab tabs @ 1254 next dose due @ 2100. Med nurse instructed to give Tylenol 650mg po now. Fresh cool pack given. Pt encouraged to elevate foot.

RECEIVED - AUTHORITY
 STP 111000177-6
 03/18/08 WK
 CDC K66652
 12/18/04

MH 5624 (Rev. 4/99)
 Confidential Patient/Client Information
 See Welfare & Institutions Code
 Section 5328 & 4514

Page No. _____

INTERDISCIPLINARY NOTES

CO. RECORD

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	
2005	3/1/05	2000	KC	Pt cont to 4/5 pain from foot. Pt reminded to elevate foot & keep ice pack on for 10 min then off 5-10 min. Next prn due @ 2100. — <i>Blair</i>
	3/1/05	2115	K	Pt requested to spend night in obs room. Placed in obs room & blanket & pillow & sheets. — <i>Blair</i>
	3/1/05	2055	P23	Pt requesting prn benadryl for sleep. MOD called prn benadryl 50mg po/IM ordered now 1X. PRN given po. — <i>Blair</i>
	3-8-05	2200	P20	Received pt in observation room 217. Alert & verbally responsive. Breathing even & unlabored. Verbally stands in front of the door calling for MTA, SRMTA & Nurse. Given 10mg IM given for agitation @ 2235. Up & about. Encouraged to 4 @ foot, cold compress in place. Able to sleep @ short interval. @ 0315 Tylenol 650mg for @ leg pain - effective. Vital signs taken. Bp 120/80 T 98.5 P 88 R 20. Roxit 2 tabs given. Pain scale of 9 as entered. Dressing in place & intact on his @ foot. — <i>Passage N</i> Will continue to monitor pt. Will be seen by Mexican Doctor today. — <i>Passage M</i>
	3/8/05	1350	P20	Am shift Note: Pt. requested to go back to his cell @ 0930 p seeing MO, pt. verbally contracted for safety & escorted back to his cell & incident. Pt. stated "I'm not suicidal" — <i>Passage M</i>

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

DH-SVPP

HERRINGER, ANTHONY S
SVPP 111000177-6
03/12/65 WH
CDC K66652

Page No. _____

INTERDISCIPLINARY NOTES

CORE RECORD

State of California - Health and Human Services Agency

Department of Mental Health

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	PROB. NO.	DATE	TIME	NOTE
2006		3/8/06	2046	PM SHIFT NOTE: Pt was conversant telling third writer that his B-day is on Saturday 3/12 and he'll turn 40 years old. c/o pain ⁱⁿ an burn area (R) foot. Pain made grim as anxiolol and encourage to elevate leg (R) foot when resting. Pt is compliant to tx regimen. <i>J. Hernandez</i>
		3/8/05	2120	W/ERLY NURSING NOTE: Mr. Berringer remains on CTQ status for incident on 3/1/05 and continued unacceptable behaviors since. He has had numerous episodes of yelling, hitting @ door, screaming, attention from all staff, threatening comments. ie to hit (staff) dead to "rock & roll," "fun not gonna take my needs anymore." He said daily pms and on 3/6 c/o hearing voices & rec'd pvn because I.M. On morning of 3/7 he rec'd an accidental injury to his foot from walking off the & was given tx. for 2nd degree burns. He has been receiving tx for this since the incident. His ASL's have suffered & he appears more disturbed than usual, appetite poor & appears to sleep a little disturbance. Voice bright. <i>Alfred</i>

DMH-SVPP

BERRINGER, ANTHONY S
 SVPP 111000177-6
 03/12/65 WH
 CDC K66652
 12/15/04

Page No. _____

MH 5624 (Rev. 4/99)
 Confidential Patient/Client Information
 See Welfare & Institutions Code
 Section 5328 & 4514

INTERDISCIPLINARY NOTES

CORE RECORD

YEAR 2005		PROB. NO.	FIRST AND LAST NAME AND TITLE
DATE	TIME		
3/1/05	1:50	P20	cont: I'm just felt depressed last night, my mind was messed up for not taking my meds X 4 1/2 days; pt. was med compliant cooperative during med rxn, dressing done to (R) prot, still 2 blisters noted & skin infection, pt. was seen by MD & new orders written, noted & carried out by med nurse. <i>[Signature]</i>
3/8	3:00	7	Psych Note: Diagnosis S/O - Met w pt per his request to discuss his DX, which is Schizoaffective Disorder, Bipolar Type. He was alert, oriented, agitated/stressed. He reported that he wants to continue programming as he "needs help" with his mental illness. He wanted to know if he would have a mental illness "all of my life." Discussed what it means to be diagnosed as "Schizoaffective, Bipolar Type." Recommended that pt consistently take his medication attend groups to learning coping skills to deal w his thinking (TFAC group) & feelings (Mood Management group). Informed pt that Biofeedback & Hypnosis are additional txs that can help him to cope w his (Utric Sxs. A/P - He acknowledges that he needs medication & therapy to cope. Will provide pt w relevant literature ex: on how to cope w Voices, relaxation techniques ^{DHM-SVPP} & positive affirmations. <i>[Signature]</i>

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

BERRINGER, ANTHONY S
SVPP 111000177-6
03/12/65 WH
CDC - K66652
12/15/04

Page No. _____

INTERDISCIPLINARY NOTES

CURERECD

MH 5624 (Rev. 4/99)

UNCLASSIFIED//FOR OFFICIAL USE ONLY

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	
	3/11/05	0500		Noc shift note: Pt. slept all noc, & behavioral problems noted, & AIN from AST therapy for skin burn — Laramie
	3/11/05	2100		PM Shift note: Blister on (R) foot popped and a clear fluid. Dressing changed and applied Silvadene. No chills, pain or discomfort. VS WNL — Laramie
	3/11/05	0600		Noc shift note: Slept through the night. Blister on (R) foot intact. No chills, pain or discomfort — Laramie
	3/12/05	1220		Am shift note: Dressing tid to (R) foot burn, & 8/5 of infection, & drainage, & no pain/discomfort, to cont. to monitor — Laramie
	3/12/05	2100		PM Shift note: Pt took shower and had a wet dressing. Changes dressing to (R) foot & any signs of infection. No chills, pain or discomfort. No drainage — Laramie
	3/13/05	0515		Noc shift note: Pt slept all night. Behavioral problems — Laramie
	3/13/05	0520		Noc shift note: Pt slept through noc & inappropriate behavior noted. Dressing in place & intact to (R) foot. No complaints of pain & discomfort — Laramie
	3/14/05	1430		PM Shift note: Dressing to R. foot, dry and intact. & no pain or discomfort — Laramie
	3/13/05	2030		

DNH-SVPP

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

BERRINGER, ANTHONY S
SVPP 111000177-b
03/12/65 WH
CDC K66652
12/15/04

Page No.

INTERDISCIPLINARY NOTES

COPIED RECORD

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	NOTES
05	3/21	1855		<p>CONTINUOUS NURSING NOTES — <i>[Signature]</i></p> <p>Weekly Nursing Summary —</p> <p>40 y/o W M c/o 4/10 Pain RT Foot</p> <p>due to 2nd degree burn } 6/10 pain in his</p> <p>Throat, has hx of hyperthyroid, HVA 5/10 at this</p> <p>time, and c/o intermittently PT also c/o Hallucinations</p> <p>visual and Auditory says he sees his mother</p> <p>face & blood coming from her eyes, PT says</p> <p>he is able to deal & problems due to DR</p> <p>moves giving him a paper & instructions</p> <p>about hallucinations PT says that he will</p> <p>let us know if he gets suicidal, PT's</p> <p>latest med change was STOP IN RISPERIDOL CONCENTRATIONS</p> <p>and begin RISPERIDOL 37.5mg @ 2 weeks</p> <p>Last lab 2/19/05 HIV counseling & test done.</p> <p>PT c/o NOT getting along & social workers</p> <p>due to confidential matters being talked</p> <p>about in the hall, PT also unhappy & his</p> <p>DR wants to see him, PT A & O x 3-15</p> <p>good eye contact when speaking to you PEARLA,</p> <p>Hand strength grip strong bilat. VS R 99.3</p> <p>P 77 R 116 B 120/63 SAT 97% PT says</p> <p>he likes the groups but due to his being</p> <p>impulsive. He tries to control the group. PT STABLE — <i>[Signature]</i></p>

DMH-SVPP

MH 5624 (Rev. 4/99)
 Confidential Patient/Client Information
 See Welfare & Institutions Code
 Section 5328 & 4514

BERRINGER, ANTHONY S
 SVPP 111000177-b
 03/12/65 WH
 CDC K66652

Page No. _____

INTERDISCIPLINARY NOTES

CORE RECORD

MH 5624 (Rev. 4/99)
Confidential Patient Information
See Welfare & Institutions Code
Section 1025.1 (b)(7)

Page No. _____
12/15/04
C D C K66652
03/12/05 MH
L P P I 11000177-9
HEPPINGER, ANTHONY S

After shift Alex: It says our max. 8-40 from
turn over 8:00 am to 4:00 pm
What time child was recorded? 07/04 199.4 17.15
for 300 - @ 4:00 a good effort. No inappropriate
behavior noted. Change in
records of 600's given @ 08:00 & 10:00. Altered 2-4
in 300 - @ 4:00 a good effort. No inappropriate
behavior noted. Change in
turn over 8:00 am to 4:00 pm
After shift Alex: It says our max. 8-40 from
on duty 8:00
Met w/ Pt for 1:1. It appeared that he
decompressing and wants to see B. Brown
injection about his neck. It appeared
that he wants to get B.H. One water
injected that no water requested in
me to contact and find release his
medical records to contact another
to begin therapy he wants to date her
are appropriate. Injured inmates
& Dr. Alex & surveillance. Change in
Pt moved from C-27 to J-2-40 - 4:00 am

3/24/04 05:00
3/24/04 16:00

02/05 14:37
02/05 05:30

YEAR	DATE	TIME	PROB. NO.	NOTES
	3/17/05	15:30	4	<p>Core medical summary: The program, medication changes this past month. Keep Risperidone 2mg daily. Risperidone 2mg qbid D/C on 3/14/05 - Good. 10/18/05 Impaired agitation, NTE 4x in 24 - on on 2/15/05. Pt indicated 5x ineffective results. V/S. BP - 113/62 P. 88 P. 18 T - 97³ Body wt. 162 lbs (+2) consumed 50-100% meals - new diet order. Reg. diet - 2/25/05. V/S QD x 7 days in am - pt wants to go on Disopirine. & new lab orders as of this review & A's & plan. Continue to attend group/individual therapy. & A's get's interaction i staff & peers. & lab, diagnostic procedures, consultations as of this review. Needs reinforcement in the health teaching provided. VEP - current K. no. changed on 3/14/05. - L. Sandoval</p>

3/18/05 1900

Approximately @ 1800 on 3-18-05, pt. calling this writer by name, when this writer attended his call, pt. said "I'm going to sue the State of California so, the Kitchen will not allow people to handle the food so hot." Then, he ask me "if the Court needs somebody to testify, will you be my witness?" & told pt. that I will be his witness & that I will write my conversations & him only to his treatment needs.

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5320 & 4514

BERRINGER, ANTHONY S
SVPP 111000177-6
03/12/65 WH
CDC K66652
12/15/04

Page No. _____

INTERDISCIPLINARY NOTES

CORERECD

50 120

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

BERRINGER, ANTHONY S
SVP P 11000177-B
03/12/65 WH
CDC K66652
12/15/04

Page No.

YEAR	PROB. NO.	DATE	TIME	DESCRIPTION
3/7/05	114	15:00		last monthly nursing assessment - and atg. PI wrote to continue programming assessment He noted also 2 the mental illness. He also continues in the state of his poor, about his lower. Pt. in his situation He reported - diagnosed - it is deep when he comes out to groups. After he starts on way to it diagnosis Continues current goals 16k Trigant Assessment - Rating 1 - improvement noted last month. noted with a 5. He also reported behavioral stability for month. After 3/1/05 (11/21) and 3/2/05 (2021). Health learning providing from the program. Learning resources of goals achieved + plans. with always understanding. continue current goals PID Learning discharge - improved. a 5 to 10 in time. TC note signed 3/7/05 - After 3/1/05. Pt. assessment a 10 in 8. post 2. Had water from. After day He. He has a number of goals to be achieved 3/15/05. 8. post 2. He has a 5/1 7 injection Pt. program in 4DL's 3 programming. Assessment + plan a. post 2. He has a 5/1 7. Pt. has and from 100 2 mid-complaint. Learning Assessment 5 X - when he was signed + water to be Storage

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	
	3/11/05	0500		Noc shift note: Pt. slept all noc, & behavioral problems noted, & skin from <u>AST therapy</u> <u>for skin burn</u> — <u>Diagrams</u>
	3/11/05	2100		PM SHIFT NOTE: Blister on (R) foot popped and to clear fluid. Dressing change and applied Silvadene. Coagulum no c/p pain: VS WNL — <u>Manly</u>
	3/12/05	0500		NOC SHIFT NOTE: Slept through the night. <u>Blister on (R) foot intact</u> <u>No c/p pain nor discomfort</u> — <u>Manly</u>
	3/12/05	1220		Am shift note: Dressing tid to (R) foot burn, & 8/5 of infection, & drainage, & c/o pain/discomfort, to cont. to monitor — <u>Manly</u>
	3/12/05	2100		PM SHIFT NOTE: Pt took shower and had a hot dressing. Changes dressing to (R) foot & any signs of infection. No c/p pain nor discomfort. No drainage — <u>Manly</u>
	3/13/05	0500		Noc shift note: Pt slept all night. No behavioral problems — <u>Manly</u>
	3/14/05	0500		NOC shift note: Pt slept through noc & inappropriate behavior. Dressing in place & intact to (R) foot — <u>Manly</u>
				No complaints c/p pain & discomfort — <u>Manly</u>
	3/14/05	1430		PM shift note: Dressing to R-foot, dry and intact. & c/o pain or discharge — <u>Manly</u>
	3/15/05	2030		

DMH-SVPP

BERRINGER, ANTHONY S
SVPP 111000177-6
03/12/65 WH
CDC K66652
12/15/04

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

Page No.

INTERDISCIPLINARY NOTES

CO-RECORD

MH 5624 (Rev. 4/99)

12/15/04

C D C K 66652

HA 59/21/50

9-LLT0C0TTT d d A S

FERRINGER, ANTHONY S

DDA-3-114

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	DESCRIPTION
3/11/05	0500			Noc shift note: Pt. slept all noc, & behavioral problems noted, & skin from SST therapy per skin burn — Lilacambi
3/11/05	2100			PM shift note: Shuter on (R) foot popped out & clear fluid. Dressing changed and applied Silvadene sp. Coagulum no c/o pain: vs WNL — Lilacambi
3/12/05	0600			Noc shift note: Slept through the night. Shuter on (R) foot intact. No c/o pain nor discomfort — Lilacambi
3/12/05	1320			Am shift note: Dressing tid to (R) foot burn, & sig of infection, & drainage, & c/o pain/discomfort, to cont. to monitor — Lilacambi
3/12/05	2100			PM shift note: Pt took shower and had a wet dressing. Changed dressing to (R) foot & any signs of infection. No c/o pain nor discomfort. No drainage — Lilacambi
3/13/05	0500			Noc shift note: Pt slept all night. Behavioral problems — Lilacambi
3/13/05	0530			Noc shift note: Pt slept through noc & inappropriate behavior noted. Dressing in place & intact to (R) foot — Lilacambi
3/13/05	1430			PM shift note: Dressing to R. foot, dry and intact. No c/o pain or discomfort — Lilacambi
3/13/05	2030			PM shift note: Dressing to R. foot, dry and intact. No c/o pain or discomfort — Lilacambi

BERRINGER, ANTHONY S
SVPP 111000177-b
03/12/65 WH
CDC K66652
12/15/04



STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM
400 R Street, 5th Floor ♦ Sacramento, California 95814
Mailing Address: P.O. Box 3036 ♦ Sacramento, California 95814
Toll Free Telephone Number 1-800-955-0045 ♦ Fax Number: (916) 491-6443
Internet: www.vcgeb.ca.gov

ROSARIO MARIN
Secretary
State and Consumer Services Agency
Chairperson

JOHN CHIANG
State Controller
Board Member

MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member

KAREN MCGAGIN
Executive Officer

Anthony S Berringer K66652
PO Box 7500
Crescent City, CA 95532

June 08, 2007

RE: Claim G564174 for Anthony S Berringer, K66652

Dear Anthony Berringer,

Per your request, please find attached a copy of the letter regarding your claim G564174.

If you have questions about this matter, please mention letter reference 107 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 107 Custom Text Letter

State of California-Health and Welfare Agency

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

Department of Mental Health

Date	Time	Problem No.	PHYSICIAN'S ORDERS AND MEDICATION (PHYSICIAN MUST SIGN EACH ORDER)
7/05	2135	R	PRN benadryl 50mg po q 1M 1x 10 Dikraus Handwritten signature: [Signature]
		P.70	
			Noted 3-7-25 @ 2140 [Signature]
7-05	2305		24" V-M-J [Signature], MTA
3-8-5	0930		1) Cont daily dressing / Z Silvadene Cream, entire healed / 2/0s - 3/0s [Signature] 2) D.C. 1% cream 3) Peroxide mouth wash 4) ASD lotion for dil. 5) Cleanse R buttocks & leg wound in soap & water expos. to air lie healed Noted 8/2/05 3/8/05 [Signature]
8/05	2254		24" V-M-J [Signature], MTA

ALLERGIES: Ativan, Haldol & Impropol

Start a New Form if No Number Shows.

PHYSICIAN'S ORDERS
CONFIDENTIAL PATIENT INFORMATION
SEE CA W&I CODE 5328

BERRINGER, ANTHONY S
54PP 111000177-6
03/12/85 MH
CDC K66652

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	ENTRY
	3/11/05	0500		Noc shift note: Pt. slept all noc, & behavior problems noted, & AM from AST therapy per skin burn ———— Llacamán
	3/11/05	2100		PM SHIFT NOTE: Blister on (R) foot popped and to clear fluid. During change and applied Silvadene. Coagulum no c/o pain: VS WNL ———— J. Manzano
	3/12/05	0600		Noc SHIFT NOTE: Slept through the night. Blister on (R) foot intact. No c/o pain nor discomfort ———— J. Manzano
	3/12/05	1320		Am shift note: Dressing Ad to (R) foot burn, & 8/5 of infection, & drainage & c/o pain/discomfort, to cont. fi monitor ———— J. Manzano
	3/12/05	2100		PM SHIFT NOTE: Pt took shower and had a rest during. Changes dressing to (R) foot & any signs of infection. No c/o pain nor discomfort. No drainage ———— J. Manzano
	3/13/05	0500		Noc shift note: Pt slept all night. Behavior problems ———— J. Manzano
	3/14/05	0500		Noc shift note: Pt slept through noc & inappropriate behavior noted. Dressing in place & intact to (R) foot ———— J. Manzano
	3/14/05	1430		PM shift note: Dressing to R. foot, dry and intact. & c/o pain or discharge ———— J. Manzano

DNH-SVPP

BERRINGER, ANTHONY S
 SVPP 111000177-6
 03/12/65 WH
 CDC X66652
 12/15/04

MH 5624 (Rev. 4/99)
 Confidential Patient/Client Information
 See Welfare & Institutions Code
 Section 5328 & 4514

Page No. _____

INTERDISCIPLINARY NOTES

J. Manzano

Page No.

BERRINGER, ANTHONY S
 SVP P 11000177-B
 03/12/65 WH
 CDC K66652
 12/15/04

DDAS - HQ

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

State of California - Health and Human Services Agency

Department of Health and Human Services

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

YEAR	DATE	TIME	PROB. NO.	
	3/11/05	0600		Noc shift note: Pt. slept all noc, & behavioral problems noted, & AM from ABT therapy (per skin burn) — Silasamra
	3/11/05	7:00		PM SHIFT NOTE: Bites on (R) foot popped out & clear fluid. During change and applied Silasamra. Coagulation no c/o pain vs WNL — Silasamra
	3/12/05	0600		NOC SHIFT NOTE: Slept through the night. Nursing on (R) foot intact. No c/o pain nor discomfort — Silasamra
	3/12/05	1220		AM shift note: Dressing lid to (R) foot burn, & 8/5 of infection, & drainage, & c/o pain/discomfort, to cont. to monitor — Silasamra
	3/12/05	2:00		PM SHIFT NOTE: Pt took shower and had a rest during. Changes dressing to (R) foot & any signs of infection. No c/o pain nor discomfort. No drainage — Silasamra
	3/13/05	0515		Noc shift note: Pt slept all night. No behavioral problems — Silasamra
	3/14/05	0520		NOC shift note: Pt slept through noc & inappropriate behavior when dressing in place & intact to (R) foot — Passer N
				No complaints c/o pain & discomfort — Passer N
	3/14/05	1430		PM shift note: Dressing to R-foot, dry and intact. No c/o pain or discharge — Silasamra
	3/15/05	2030		

DMH-SVPP

MH 5624 (Rev. 4/99)
 Confidential Patient/Client Information
 See Welfare & Institutions Code
 Section 5328 & 4514

BERRINGER, ANTHONY S
 SVPP 111000177-b
 03/12/65 WH
 CDC K66652
 12/15/04

Page No. _____

INTERDISCIPLINARY NOTES

2005-03-15

PAGE:

10:50:22 02/25/05

RPT03043 RPT#3.4.3 BDAVENDI

initial and sign once each page. Use legend on back of form to record site of injection or reason for not administering medication/physician

INSTRUCT. Start Stop MEDICATIONS AND TREATMENTS HOUR PRN

0204 ACETAMINOPHEN
2309 650 MG TABLET ORAL PO
0505 Q4H PRN HEADACHE PAIN MAX
4X/24HR

D/C: (1- P20)

0204 ALBUTEROL SULFATE (PROVENTIL
2309 HFA 90 MCG INHALER)
0505 2 PUFF AER W/ADAP INHALATION
Q4H PRN

**AS NEEDED FOR ASTHMA
ATTACK** D/C: (1- P20)

0204 MAGNESIUM HYDROXIDE (MILK OF
2309 MAGNESIA SUSPENSION)
0505 30 ML ORAL SUSP ORAL PO
EVERY 48 HRS PRN CONSTIPATION

D/C: Cleanse Buttocks & legs
wound soap and water expose to
air till healed

0204 ULANZAPINE (ZYPREXA 10 MG)
2309 10 VIAL INTRAMUSC. IM
0505 Q8H PRN GIVE IM AGITATION
**REPEAT DOSE NOT LESS THAN 8
HOURS AFTER LAST DOSE* MAX
2X/24HR D/C: (1- 123)

0204 Brexidon 10mg IM PRN agitation
2309 NITE 4X/24 HR. 2ND AND EACH
0505 SUCCEEDING DOSE TO BE NO LESS THAN
2HRS P PRECEDING DOSE

Allergies:

NO KNOWN ALLERGIES

ATTIVAN, HALDOL, IBUPROFEN

MEDICATION AND TREATMENT RECORD

0415764 (10/93)
PAGE 1 of 2

Confidential Client/Patient Information
See IV 6 / Code 4326

BERRINGER, ANTHONY SCOTT

UNIT BEDS

PATIENT # 177-6

Month:

Mar

Year:

2005

LEGEND
Reason for not Administering Medication Treatment
L = Therapeutic leave
O = Withheld and justify on back of sheet or IDN
R = Refused
S = School

INJECTION SITE NUMBER	INJECTION SITE	REASON	RESULT
37105	1250 80 Roxicet 2 Tabs	clo pain	Delegat
37105	1500 70 Tylenol 650mg	Pain	Delegat
37105	1905 70 Tylenol 650mg	Pain	Delegat
37105	2005 70 Roxicet 2 Tabs	Pain	Delegat
3805	0315 100 Tylenol 650mg Tab	clo pain	Delegat
3805	0500 100 Roxicet 2 Tabs	clo pain	Delegat
3805	1455 80 Roxicet 2 Tabs	clo pain	Delegat
3805	1918 70 Tylenol 650mg	clo pain	Delegat
3805	2000 70 Roxicet 2 Tabs	clo pain	Delegat
3905	0800 100 Tylenol 650mg	clo pain	Delegat
3905	1400 70 Roxicet 2 Tabs	clo pain	Delegat
3905	1930 70 Roxicet 2 Tabs	clo pain	Delegat
3905	1500 70 Tylenol 650mg	clo pain	Delegat
3905	1940 70 Tylenol 650mg	clo pain	Delegat
3905	0800 70 Tylenol 650mg	clo pain	Delegat
3905	1330 70 Tylenol 650mg	clo pain	Delegat
3905	1500 70 Tylenol 650mg	clo pain	Delegat

CONFIDENTIAL CLIENT/PATIENT INFORMATION
See W & I Code 5328

MEDICATION AND TREATMENT RECORD

State of California-Health and Welfare Agency

Department of Mental Health

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

Date	Time	Problem No.	PHYSICIAN'S ORDERS AND MEDICATION (PHYSICIAN MUST SIGN EACH ORDER)
7/05	2135	PC P.70	PRN benadryl 50mg po or IM 1x 10 Dikraus 2/10/05 from 11/05/05 Dikraus RN
			Noted 3-7-05 @ 2140 [Signature] MTA
7-05	2205		24 V M. J. [Signature] MTA
3-8-5	0930		<ol style="list-style-type: none"> 1) Cont daily dressing / Silvadene Cream, [Signature] healed / [Signature] sensitive 2) D.C. 12A cream 3) Peridox mouth wash for soaking [Signature] daily - 45d 4) ASD lotion for [Signature] skin [Signature] [Signature] Run - 45d 5) Cleanser [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] soap & water expos. [Signature] [Signature] healed.
			Noted [Signature] 3/8/05 [Signature]
8/05	2251		24 V M. J. [Signature] MTA

ALLERGIES: Ativan, Haldol & Imiprifer

Start a New
Form if No
Number Shows.

DMH-45PP

PHYSICIAN'S ORDERS

CONFIDENTIAL PATIENT INFORMATION
SEE CA W&I CODE 5328BERRINGER, ANTHONY S
CYP 111000177-6
03/12/05 WH
CDC K66652



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

GOVERNMENT CLAIMS DIVISION

P O BOX 3035

SACRAMENTO, CALIFORNIA 95812-3035

Toll Free Number: 1-800-955-0045 Fax Number: (916) 323-6766

Internet: www.vcgcb.ca.gov

ROSARIO MARIN
Secretary

State and Consumer Services Agency
And Chairperson

STEVE WESTLY

State Controller
State Controller's Office
And Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney
Board Member

KAREN McGAGIN
Executive Officer

Anthony S Berringer K66652
PO Box 7500
Crescent City, CA 95532

December 01, 2006

RE: Claim G564174 for Anthony S Berringer, K66652
Tort claim for CDC Inmates, Late Claim

Dear Anthony Berringer,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on October 26, 2006.

We have reviewed your claim and determined that the VCGCB has no jurisdiction to consider the claim for the following reason(s):

Your application for leave to present a late claim was filed more than one year from the date of the incident that is the basis of the claim.

The VCGCB will take no further action on your claim. If you have questions about this matter, please mention letter reference 97 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction



STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM

400 R Street, 5th Floor ♦ Sacramento, California 95814

Mailing Address: P.O. Box 3035 ♦ Sacramento, California 95814

Toll Free Telephone Number 1-800-955-0045 ♦ Fax Number: (916) 491-8443

Internet: www.vcgcb.ca.gov

ROSARIO MARIN

Secretary

State and Consumer Services Agency

Chairperson

JOHN CHIANG

State Controller

Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney

Board Member

KAREN McGAGIN

Executive Officer

Anthony S Berringer K66652

PO Box 7500

Crescent City, CA 95532

June 08, 2007

RE: Claim G564174 for Anthony S Berringer, K66652

Dear Anthony Berringer,

Per your request, please find attached a copy of the letter regarding your claim G564174.

If you have questions about this matter, please mention letter reference 107 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division

Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 107 Custom Text Letter



STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM

400 R Street, 5th Floor • Sacramento, California 95814

Mailing Address: P.O. Box 3035 • Sacramento, California 95814

Toll Free Telephone Number 1-800-955-0045 • Fax Number: (916) 481-8443

Internet: www.vcgcb.ca.gov

ROSARIO MARIN

Secretary

State and Consumer Services Agency

Chairperson

JOHN CHIANG

State Controller

Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney

Board Member

KAREN MCGAGIN

Executive Officer

Anthony S Berringer K66652

PO Box 7500

Crescent City, CA 95532

June 08, 2007

RE: Claim G564174 for Anthony S Berringer, K66652

Dear Anthony Berringer,

Per your request, please find attached a copy of the letter regarding your claim G564174.

If you have questions about this matter, please mention letter reference 107 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division

Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 107 Custom Text Letter



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

GOVERNMENT CLAIMS DIVISION

P O BOX 3035

SACRAMENTO, CALIFORNIA 95812-3035

Toll Free Number: 1-800-955-0045 Fax Number: (916) 323-5768

Internet: www.vcgcb.ca.gov

ROSARIO MARIN

Secretary

State and Consumer Services Agency
And Chairperson

STEVE WESTLY

State Controller

State Controller's Office
And Board Member

MICHAEL A. RAMOS

San Bernardino County District Attorney
Board Member

KAREN MCGAGIN

Executive Officer

Anthony S Berringer K66652
PO Box 7500
Crescent City, CA 95532

December 01, 2006

RE: Claim G564174 for Anthony S Berringer, K66652
Tort claim for CDC Inmates, Late Claim

Dear Anthony Berringer,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on October 26, 2006.

We have reviewed your claim and determined that the VCGCB has no jurisdiction to consider the claim for the following reason(s):

Your application for leave to present a late claim was filed more than one year from the date of the incident that is the basis of the claim.

The VCGCB will take no further action on your claim. If you have questions about this matter, please mention letter reference 97 and claim number G564174 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Division
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 97 No Jurisdiction

State of California-Health and Human Services Agency

Department of Mental Health

DATE	TIME	NO.	ALL ENTRIES SHALL BE SIGNED WITH NAME AND TITLE
3-8-5	0930		(R) foot examined — inflammation all but cleared on the TCA cream — shallow ulceration — good epithelium at base — one black hole on foot — Minor or 1st degree burn — Will cont daily dressing — Now that inflamm is minimal — will use only the Seligdenie —
All 3-8-5	0930		IM wants to wash pedic plate. WH. R.
			Later told of supp erosions of buttocks / leg (R) side — whee R. WH.
			Berringer

Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

MH 5510 (Rev. 1/01)

DMH-SVPP

BERRINGER, ANTHONY S
SVPP 111000177-6
03/12/65 WH

PHYSICIAN'S PROGRESS NOTES

CORECORD